

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>009289-05195</b>	
Applicant(s): <b>Yutaka MURAKAMI et al.</b>						
Application No. <b>10/562,555</b>	Filing Date <b>December 27, 2005</b>	Examiner <b>Z. Kassa</b>	Customer No. <b>52989</b>	Group Art Unit <b>2611</b>	Confirmation No. <b>8225</b>	
Invention: <b>TRANSMISSION METHOD, TRANSMISSION APPARATUS AND COMMUNICATION SYSTEM</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	24 -	24 =	0	x \$52.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$220.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
/James Edward Ledbetter/ <i>Signature</i>			Dated: <b>January 21, 2011</b>			
James E. Ledbetter, Reg. No. 28732 Dickinson Wright PLLC 1875 Eye Street, N.W., Suite 1200 Washington, D.C. 20006 Telephone: 202.457.0160 Facsimile: 202.659.1559			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____  <div style="text-align: center;">(Date)</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="text-align: center;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div> </div>			
CC:						